FEC MAIL CENTER 2016 MAR -4 AM 7: 07

Committee Name:	nii /: 07
Write Way Oct If registered, FEC ID:	
If registered, FEC ID:	
Today's Date:	
2/9/2016	

Federal Election Commission 999 E Street, N.W. --Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

reasurer's Name:		_
Mihail H.	Brown	, Treasurer

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FEC FORM 1

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Office

Use

Only

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 MARHICE Use Quily Example: If typing, type NAME OF (Check if name COMMITTEE (in full) is changed) over the lines. WIRITIEWATTOUT ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address lmilkie bir 101 win 1510 / 1 vitilo 1 nis 11 1418 y 1 al hole 1- 1010 mi is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C FEC IDENTIFICATION NUMBER > IS THIS STATEMENT OR NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Michael H. Brown Type or Print Name of Treasurer Michael H. Brown Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

> For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FEC FORM 1 (Revised 06/2012)

FEC Fo	rm 1 (Revised 02/2009) Page 2			
TYPE OF C	OMMITTEE			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name of Candidate				
Candidate Party Affiliat	on Office State President District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Cor				
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part			
Political A	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is			
	Corporation Corporation w/o Capital Stock Labor Organization			
	Membership Organization Trade Association Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or par committee (i.e. poppospected committee)			
	committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
laint From				
•===	draising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
(g)	committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
Con	nmittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
	I I I I I I I I I I I I I I I I I I I			

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N	ame :	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative	re, or Leadership PAC Sponsor
[
Mailing Address		
-		
		1 , , , , , , , , , , ,
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represer	ntative DLeadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
Full Name M. (GHR1214 H. BROWN	
Mailing Address	P10, B10, X, 4, 8, 8, 4,	
	S.P.R.I.N.G.F.I.E.L.D. MO	[6;8;8,0;8]-[
Title or Position	CITY STATE	ZIP CODE
T, R, E, A, S, U, R, E	C Telephone number	111-18-81-18-91
. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committe	e; and the name and address of
Full Name of Treasurer	CHARGE HIBIRIOIWINI	
Mailing Address	P101 B101X1 141818H	
		· · · · · · · · · · · · · · · · · · ·
	SIPIRIINIGIFIIEIZIDI I MO CITY STATE	[6 5 8 0 8]-[1] ZIP CODE
Title or Position	Telephone number	

CITY

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

Page 4

ZIP CODE

STATE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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Next	Business Day Delivery		
Received from House Records & Registration Off	Date of Receipt ice		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
	3/4/16		
PREPARÉR (3/2015)	DATE PREPARED		